

## New IID Manufacturer Reporting Requirements

### New Legislation

New legislation effective July 1, 2010, requires a certified ignition interlock device (IID) manufacturer or manufacturer's agent to provide the Department of Motor Vehicles (DMV) with information regarding the number of false IID positives and times of resets from July 1, 2010, through December 31, 2015.

### Procedures

Information will be reported annually using a Manufacturer Annual Ignition Interlock Device Report of False Positives (DL 9A) form. The DL 9A must be received no later than July 30th each year, beginning in 2011, and continuing through 2015. The final report for July 1, 2015, through December 31, 2015, must be received by the department no later than January 30, 2016.

The DL 9A forms shall be mailed to:

Department of Motor Vehicles  
Occupational Licensing Branch, MS L224  
PO Box 932342  
Sacramento, CA 94232-3420

**NOTE:** The DL 9A form is available on the DMV website at:  
[www.dmv.ca.gov/vehindustry/miid/dl9a.pdf](http://www.dmv.ca.gov/vehindustry/miid/dl9a.pdf)

### Background

Currently, DMV does not collect information on IID false positives or times of resets.

### References

*California Code of Regulations* §125.00, Division 1, Chapter 1, Article 2.55, Title 13

*California Vehicle Code* §13386(g)

### Distribution

Notification that this memo is available online at [dmv.ca.gov/pubs/olin/olin.htm](http://dmv.ca.gov/pubs/olin/olin.htm) was made via California DMVs Automated E-mail Alert Service in June 2010 to the following:

- Ignition Interlock Device Program

**Contact**

Questions regarding this memo may be directed to the Occupational Licensing Branch,  
at (916) 229-3346.

A handwritten signature in black ink, appearing to read "Mary Garcia". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

MARY GARCIA, Chief  
Occupational Licensing

Attachment

## MANUFACTURER ANNUAL IGNITION INTERLOCK DEVICE REPORT OF FALSE POSITIVES

NAME OF INDIVIDUAL, PARTNERSHIP, OR CORPORATION		TELEPHONE NO (      )	
STREET ADDRESS	CITY	STATE	ZIP CODE

Pursuant to Vehicle Code §13386(g), a manufacturer and a manufacturer's agent certified by the department to provide ignition interlock devices shall provide each year to the department information on the number of false positives per model number, the average time and the minimum/maximum time required to reset the device.

This report is for each fiscal year starting July 1, 2010, through June 30, 2011, and each year thereafter through December 31, 2015.

A "false positive" is a test result in which the breath alcohol concentration is above the alcohol setpoint and the test results of two or more subsequent breath tests taken immediately within a 15 minute time period thereafter provide a breath alcohol concentration below the alcohol setpoint.

**TO BE COMPLETED BY THE MANUFACTURER FOR THE FISCAL YEAR (                      )**

TYPE OF DEVICE: ELECTROCHEMICAL SENSING (FUEL CELL) OR SEMICONDUCTOR SENSING	MODEL NUMBER	TOTAL NUMBER OF FALSE POSITIVES (PER MODEL NUMBER)	TOTAL NUMBER OF DEVICES THAT HAD A FALSE POSITIVE (PER MODEL NUMBER)	AVERAGE RESET TIME IN MINUTES (PER MODEL NUMBER)	MINIMUM/MAXIMUM TIME TO RESET THE DEVICE (PER MODEL NUMBER)
(1)					
(2)					
(3)					
(4)					
STARTING INVENTORY (INSTALLED DEVICES) JULY 1, 2010 AND EACH YEAR THEREAFTER THROUGH DECEMBER 31, 2015 (BY MODEL NUMBER)		TOTAL NUMBER OF NEW INSTALLATIONS (BY MODEL NUMBER)	TOTAL NUMBER OF REMOVALS (BY MODEL NUMBER)	ENDING INVENTORY (INSTALLED DEVICES) BY JUNE 30, 2011 AND EACH YEAR THEREAFTER THROUGH DECEMBER 31, 2015 (BY MODEL NUMBER)	
(1)					
(2)					
(3)					
(4)					

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

PRINTED NAME/TITLE OF CORP. OFFICER AUTHORIZED TO SIGN	SIGNATURE	DATE
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